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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Swaziland

Proposed UNFPA assistance: $2.3 million, $2 million from regular resources and $300,000 from multi-bilateral and/or other, including, regular resources.

Programme period: 5 years (1998-2002)

Cycle of assistance: Third

Category per decision 96/15: B

Proposed assistance by core programmes (in millions of $):

	Regular resources	Other	Total
Reproductive health	1.2	0.3	1.5
Population & development strategies	0.4	-	0.4
Advocacy	0.2	-	0.2
Programme coordination & assistance	0.2	-	0.2
Total	2.0	0.3	2.3

SWAZILAND

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	(--)	≥60
Contraceptive prevalence rate (15-44) (%)[2]	20.0	≥55
Access to basic health services (%)[3]	66.0	≥60
Infant mortality rate (/1000)[4]	75.0	≤50
Maternal mortality rate (/100,000)[5]	129.0	≤100
Gross female enrolment rate at primary level (%)[6]	88.5	≥75
Adult female literacy rate(%)[7]	70.6	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	*857*	*Annual population growth rate (%)*	*2.77*
Population in year 2000 (000)	*984*	*Urban*	*5.55*
Sex ratio (/100 females)	*92.0*	*Rural*	*1.37*
Per cent urban	*32*	*Crude birth rate (/1000)*	*36.8*
Age distribution (%)		*Crude death rate (/1000)*	*9.2*
Ages 0-14	*43.0*	*Net migration rate (/1000)*	*0.0*
Youth (15-24)	*21.7*	*Total fertility rate (woman)*	*4.46*
Ages 60+	*4.2*	*Life expectancy at birth (years)*	
Percentage of women aged 15-49	*49.3*	*Males*	*57.7*
Median age (years)	*18.0*	*Females*	*62.3*
Population density (/sq. km.)	*49*	*Both sexes*	*60.0*
		GNP per capita (U.S. dollars, 1994)	*1,190*

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a programme of assistance over the period 1998-2002 to assist the Government of Swaziland in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $2.3 million, of which $2.0 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $300,000 from multi-bilateral resources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's third programme of assistance to Swaziland.

2. The proposed programme is in consonance with Government's overall objectives and strategic direction in population and development as spelt out in the VISION 2022 report of the National Development Strategy published at the end of 1996 and in the short-term Economic and Social Reform Agenda launched in March 1997. It also draws upon the recommendations of the joint Government-UNFPA Programme Review and Strategy Development (PRSD) exercise undertaken in March 1997. The proposed programme is the result of active and regular consultations with government officials at various levels, as well as with other development partners, including members of the United Nations system, other donor agencies, and non-governmental organizations (NGOs). Swaziland is a "group B" country under UNFPA's resource allocation criteria.

3. The proposed programme aims to assist the Government in achieving its priority health and development goals. In particular, it aims to improve the health of the people of Swaziland, especially adolescents, by assisting in the provision of improved and more accessible reproductive health services that fully integrate adolescent counselling and clinical services and by helping to ensure that population dimensions are factored into development planning.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Adolescent pregnancy rates in Swaziland are high: 25 per cent of institutional deliveries are among teenagers. In a 1996 survey of 160 secondary and high schools, pregnancy was shown to account for 51 per cent of cases of school dropouts in nearly 90 per cent of the schools. Sexual experience in Swaziland begins fairly early in adolescence, and by age 17, nearly 90 per cent of boys

and girls are reported to have had their first sexual encounter. Family planning services are provided to women only if they have the consent of their husband or parents, depending on their marital status and age: for women below 21 years old, husband or parental consent is required, while all married women, regardless of age, need to obtain the consent of the husband. In general, family planning services are provided in only 30 health centres and 40 clinics (including 10 industrial clinics). Hospitals do not offer family planning services except for tubal ligation. Furthermore, most of these facilities are not receptive to adolescents. Currently, there is only one clinic operated by the Family Life Association of Swaziland (FLAS) that offers information, education and communication (IEC) and counselling and family planning services to youth -- on condition that they are married or have parental consent. Hence, although 50-60 per cent of adolescents and youth have obtained information about family planning, it is estimated that less than 10 per cent of adolescents currently have access to family planning services.

6. The Government has acknowledged that the most serious threat to the health of the Swazi people is HIV/AIDS. HIV prevalence is currently estimated at 26 per cent of the adult population, and about 60 per cent of the reported cases occur in the 20-39 age group. HIV prevalence among pregnant adolescents is as high as 25 per cent, while the prevalence among pregnant women is highest in the 20-24 age group (39 per cent). As a result of the high level of infection, the increase in life expectancy recorded up to 1991 has been reversed and is expected to continue to decline. It is projected that in less than ten years AIDS will be the main cause of death in Swaziland, resulting in the loss of a significant proportion of the country's skilled human resources.

Past UNFPA assistance

7. UNFPA assistance to Swaziland began in 1972. The second country programme, initially approved by the Governing Council for $2.75 million ($2 million from regular resources) for the period of 1992-1996, was extended until the end of 1997. The overall programme expenditure (1992-1997) is estimated at $2.9 million, of which 48 per cent will have been spent on activities in the area of maternal and child health and family planning (MCH/FP). The higher-than-planned expenditure was due to the sudden withdrawal of $6.0 million assistance from the United States Agency for International Development (USAID) in 1992 for MCH/FP activities, which necessitated alterations in the original UNFPA programme design. No multi-bilateral funds were received during the second country programme.

8. UNFPA assistance to Swaziland has facilitated the Government's efforts to develop a clearer vision of comprehensive reproductive health services in the country. A draft national reproductive health programme has been developed, and a Programme of Action for Safe Motherhood has been adopted. A new curriculum integrating family planning issues into community health nursing programmes and health training institutions has also been designed and adopted. Through assistance

to the FLAS, UNFPA contributed to increased awareness and public understanding of population issues. Support to the School HIV/AIDS Programme in Education (SHAPE) was carried out through more than 50 AIDS-prevention clubs at schools throughout the country. The Government has embarked on the revision of the school curricula, both primary and secondary, to include family life education as well as HIV/AIDS and gender issues. The Sebenta National Institute, a nationwide adult literacy programme, has incorporated reproductive health issues into its activities.

9. Other programme achievements included the completion of the processing, analysis and dissemination of the 1986 population census and the completion of the enumeration for the 1997 population census, whose data are now being processed; strengthening of institutional capacity for civil registration and computerization of the issuance of pertinent certificates at regional and district levels; and the establishment of a Department of Demography and Statistics, now institutionalized in the University of Swaziland, with a concomitant increase in the number of trained nationals in the field.

10. Women's participation and representation across the spectrum of the development process remain inadequate, constrained by the patriarchal society and by the Roman Dutch legal system, which defines women as "minors". During the past programme cycle, UNFPA has established itself as the lead agency advocating for and creating awareness on gender issues. UNFPA supported participation of national NGOs at the Fourth World Conference on Women in Beijing in 1995; these groups later formed the umbrella Steering Committee on Gender and Women's Affairs. With UNFPA support, the Government has set up a gender desk in the Ministry of Home Affairs and a Task Force to draw up a gender policy statement and a time-bound programme for policy implementation. The Government ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1997. UNFPA support for the disaggregation by gender of data at the Central Statistics Office (CSO) has played a critical role in improving national capacity for the interpretation of data for policy and programme analysis for development planning.

11. The implementation of past programmes was adversely affected by the complications arising from the country's dual administrative system, which consists of the modern Government (the cabinet and the parliament) as well as traditional governmental institutions (chiefs, grouped into administrative centres). The legal system comprises a mixture of Roman Dutch Common Law and the English Common Law, on the one hand, and Swaziland custom, on the other. A major lesson learned is the value of and need for a strong advocacy programme for effecting necessary changes in laws and policies in an environment characterized by strong cultural and traditional beliefs and practices. The Fund's experience in the country makes clear that programmes in gender and

reproductive rights, in particular, must be accompanied by well-designed and targeted advocacy activities to ensure leadership support from all elements of the society, and that services, especially for adolescents, must accompany IEC efforts.

12. Constraints encountered during the previous programme included a lack of effective coordination among agencies and within government ministries, as well as lack of suitable capacities within the Government to formulate, implement, and monitor policies and programmes, especially in an environment of high turnover of government officials. On the positive side, the experience of the past programme revealed the value and potential of increased partnership with NGOs throughout the entire range of programme areas, from IEC, reproductive health and HIV/AIDS to gender and policy formulation. The Government has recognized the role of NGOs and has acknowledged their contribution by making them partners in almost all discussions and initiatives on population and development.

Other external assistance

13. During the second country programme, a number of activities, especially in the area of reproductive health, were co-sponsored by WHO, UNICEF and UNFPA. These included the Swaziland Safe Motherhood Programme as well as studies on the assessment of the status of maternal services outlets and on reproductive health problems in Swaziland. UNDP and UNHCR collaborated with UNFPA in sponsoring IEC activities among refugee populations to create awareness and mobilize support for population, gender and reproductive health issues.

14. The European Union and the British Council are supporting collaborative efforts between the Government and NGOs in promoting population education and in controlling sexually transmitted diseases (STDs), including HIV/AIDS, in schools. UNDP, the European Union and the British Council have indicated commitment to supporting the development of a gender programme in collaboration with UNFPA. The European Union has also indicated possible future collaboration with UNFPA in supporting reproductive health services, with focus on adolescents. The German Kreditanstalt für Wiederaufbau (KfW) has assisted with the supply of modest amounts of contraceptives, but this assistance will end in 1998. The Italian Government has committed support to Swaziland during the period June 1997 to December 1998 in the form of technical assistance to improve services in national health programmes, including reproductive health, HIV/AIDS and the treatment of tuberculosis. The International Planned Parenthood Federation (IPPF) continues to support its affiliate, the FLAS, in promoting IEC activities and the provision of services through special clinics and in workplaces.

Proposed programme

15. Considering the Fund's experience in the area of reproductive health and the lack of other donors in the area of population and development strategies, UNFPA will assist the Government in achieving its development goals through three subprogrammes in the areas of reproductive health, population and development strategies, and advocacy, respectively. Activities under each subprogramme will complement each other, thus maximizing the effectiveness of overall input. For example, the results of baseline studies conducted under the reproductive health subprogramme will serve as important reference points for activities in that subprogramme as well as for formulation of the National Population Policy under the population and development strategies subprogramme. By the same token, the census data analysed and disseminated under the population and development strategies subprogramme will be utilized in the design and formulation of the National Population Policy as well as in the design and review of the reproductive health programme and gender-related policies and programmes.

16. Reproductive health. The purpose of the reproductive health subprogramme will be to contribute to the improvement of the reproductive health of the people of Swaziland by assisting the Government to transform its MCH/FP programme into a comprehensive reproductive health programme readily available to all citizens, including the full integration of adolescent and youth counselling and clinical services. The proposed subprogramme will contribute to an increase in the overall contraceptive prevalence rate from 29 per cent to 40 per cent and an increase in the proportion of adolescents and youth that use reproductive health services from less than 10 per cent to 30 per cent by the end of the programme. Making services more readily available to adolescents is urgently needed to reduce the number of unwanted pregnancies and of new HIV infections. The subprogramme will also continue to assist the coutry in the procurement of needed contraceptives.

17. The outputs that are expected to be obtained with UNFPA support include: (a) a national reproductive health programme consistent with the revised National Health Policy; (b) 70 health centres and clinics (operated by the Government, NGOs and the private sector) offering comprehensive quality reproductive health services, including services to adolescents and youth; (c) two new youth reproductive health centres operated by NGOs offering quality services to adolescents and youth; (d) new school curricula incorporating population and family life education, including HIV/AIDS and gender issues; (e) an advocacy programme targeted at policy and decision makers and religious and traditional leaders to enlist their support for the reproductive rights of youth; and (f) IEC activities specifically designed to help young people avoid involvement in high-risk sexual activities. As a first step towards the finalization of the reproductive health programme,

UNFPA will support the Government in conducting baseline studies and appropriate operational research to provide benchmarks for the design and implementation of the programme.

18. UNFPA support will be directed to the following activities: review and finalization of the draft reproductive health programme; development of a plan of action including the revision of the operating guidelines and protocols; revision of training curricula for in-service training of service providers in the 70 health centres and clinics and training of trainers for pre-service training; production of culturally appropriate IEC materials for use in counselling and service provision in health centres and clinics; provision of relevant materials and equipment to the youth centres in Manzini; training of trainers and provision of sample materials for population and family life education in primary, secondary and tertiary institutions; and procurement of 60 per cent of the national requirements of contraceptives (condoms, injectables and pills). The training provided with UNFPA support will include clinical skills and counselling, as well as sensitization of service providers in order to encourage them to have a positive attitude towards meeting the reproductive health needs of youth.

19. Of the $1.2 million to be allocated under the reproductive health subprogramme, $900,000 will be used for services and $300,000 for IEC activities. If the proposed $300,000 in multi-bilateral funds does become available, UNFPA support will be extended to: (a) two additional NGO-operated reproductive health centres to offer services to adolescents and youth; and (b) procurement of additional contraceptives, particularly of condoms.

20. Population and development strategies. UNFPA's assistance during the second country programme has resulted in the Government's call for a National Population Policy, which will provide a framework for addressing pressing population concerns. To this end, the Ministry of Economic Planning and Development has been assigned to coordinate population activities and to spearhead the development of a National Population Policy as a top priority. The purpose of UNFPA support in this subprogramme will therefore be integration of population factors into development planning by contributing to the formulation and implementation of a National Population Policy. The outputs of UNFPA assistance will be: (a) an effectively functioning institutional mechanism for coordinating the implementation of population activities; (b) a population policy document that includes an implementation plan; and (c) up-to-date socio-economic data that can support the implementation of the National Population Policy as well as the reproductive health subprogramme and advocacy activities. These data will also be used in the process of policy formulation and programme design.

21. UNFPA support will include training of staff of the Ministry of Economic Planning and Development and key sectoral ministries in order to enhance the planning and management skills necessary for providing administrative, technical and coordinating support for population activities;

the development of operational guidelines; and the provision of relevant materials and equipment. UNFPA assistance will also be used to analyse, print and disseminate 1997 census data and other appropriate demographic and socio-economic data. Special emphasis will be given to the production of data disaggregated by gender.

22. Of the total of $400,000 in this subprogramme, $300,000 will be used in training and technical assistance and $100,000 will be used for census data analysis and demographic studies.

23. Advocacy. The purpose of UNFPA support to the Government's advocacy efforts will be to increase political commitment and create a conducive environment for bringing about relevant policy changes and legal reforms; reorient certain cultural and traditional attitudes and practices; and increase resource allocations in favour of population and gender policies and programmes, including reproductive health, that respect the reproductive rights of women, men and youth. Advocacy will be supported jointly with UNDP as a general strategy to help bring about a conducive environment for people-centred development.

24. In order to achieve these purposes, UNFPA's support to the Government will be used to: (a) promote collaboration with NGOs, the media, women's groups, academics as well as influential personalities in Swazi society to undertake advocacy activities, such as workshops and seminars, that directly address decision makers, parliamentarians, chiefs and religious groups; (b) conduct relevant research on sociocultural and legal barriers to gender equity and equality and disseminate the findings; and (c) network and exchange experiences with similar groups in other countries in the region.

25. Coordination, implementation, monitoring and evaluation. UNFPA will support the Ministry of Economic Planning and Development in coordinating all population and development activities in the country. This will include organizing regular meetings of sectoral ministries and donors to discuss progress in implementing various activities. Among United Nations agencies, the regular meetings under the United Nations Resident Coordinator system will continue. Also, UNFPA, as the lead agency in population, will promote a forum of all donors supporting population and development activities to share their experiences and to strengthen collaborative efforts.

26. The management of the proposed third country programme will be the responsibility of the non-resident Country Director (who is also responsible for UNFPA programmes in Botswana and Lesotho) in close collaboration with the UNDP Resident Representative who also serves as the

UNFPA Representative. The current staffing of the UNFPA office comprises one National Programme Officer, one finance clerk, one secretary and one driver.

27. As much as possible, activities under the proposed programme will be executed by government ministries and/or national NGOs. Where this is not feasible, United Nations agencies or international NGOs will be requested to undertake execution. To ensure provision of technical support to the Government and NGOs, the UNFPA office will utilize the services of national project personnel, short-term national consultants, UNFPA Country Support Team advisers, and resident advisers, including United Nations Volunteers, as appropriate. Most of the capacity-building activities outlined in the proposed programme will be undertaken jointly with UNDP (both in terms of funding and technical expertise) in that the capacity-building needs for general management and implementation of programmes, e.g., the modalities of programme approach and national execution, are cross-cutting in all sectors and relevant to both agencies. Also, as part of South-South cooperative efforts, study tours and exchanges of experience within the subregion and the region as a whole will be organized.

28. The proposed third country programme will be monitored using standard UNFPA guidelines. The design of subprogrammes and component projects will include monitoring and evaluation plans involving project progress reports, annual project review meetings, annual country programme reviews and independent evaluations. The Government and UNFPA will jointly develop indicators for measuring progress in reaching ICPD goals and in achieving sustainable human development. A mid-term review of the third country programme will be conducted during the first half of the year 2000.

Recommendation

29. The Executive Director recommends that the Executive Board approve the programme of assistance for the Kingdom of Swaziland as outlined above, in the amount of $2.3 million over the period 1998-2002, $2.0 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $300,000 would be sought from multi-bilateral resources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of resources.

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